

Economic Development Appendix

Benefit

1. Is there a separate file for each business assisted? ☐ Yes ☐ No
2. Does each file contain?
 - An updated Job Creation Benefit Data System? ☐ Yes ☐ No
 - Documentation that the total number of stated jobs created/retained was calculated based on full time permanent job equivalents? ☐ Yes ☐ No
 - Documentation of the size and annual income of the person's immediate household for each created/retained job claimed to be held by an LMI person? ☐ Yes ☐ No
 - Income verification of at least 30% of those persons claiming LMI status? ☐ Yes ☐ No
 - In the absence of jobs taken or held by LMI persons, documentation that the stated jobs to be created and/or retained were/are made available to LMI persons? ☐ Yes ☐ No
3. Have there been any activities, not identified in the contract, started or completed with CDBG program funds? ☐ Yes ☐ No
 - If yes, is there documentation to substantiate program benefit for the additional activities? ☐ Yes ☐ No
4. If there are jobs still to be created/retained, does the respective business have the capacity to complete the project? ☐ Yes
No
Explain: _____
5. For all non-Micro-Loan Program loans made to businesses are repayments being made as scheduled to the community or state? ☐ Yes ☐ No

Micro-Loan Program Use Only

1. Has the Micro-Loan Review Committee membership changed since Phase II documentation was approved by OCD? ☐ Yes
No
If yes, was an updated certification approved by the OCD? ☐ Yes
No
2. Are there separate files for each Micro-Loan application? ☐ Yes
No
3. Describe the system for tracking loan repayments, including names of applicable local staff and involvement of lending institutions?

3. Have any loans defaulted? __Yes __No

Identify loans in default and explain circumstances: _____

Provide the following information for ALL loans.

LMI Business Cre/Ret	Loan Amount	Amount Expended	Jobs to be Cre/Ret	# of Jobs Cre/Ret	# of Jobs
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Areas Needing Improvement:

1. _____

2. _____

Areas of Non-Compliance:

1. _____

Required Action: _____

2. _____

Required Action: _____
